



City of Boston Assessing Department

INFORMATION REQUISITION

Mass. General Laws Ch. 59, § 61A

FY 2003NOTE: **Statutory Exemption applicants need to complete ONLY an Exemption Information Requisition.****PROPERTY IDENTIFICATION**Ward: Parcel: - Bill No.: _____ Class: _____
(Land Use)

Assessed Owner: (as of 1/1/2002) _____

*Applicant (if not assessed owner): _____

Total Full Valuation: _____

Location: _____ Zip Code:
(Number and Street)

CONTACT PERSON: _____

PHONE #: (Day) - - (Eve.) - - MAILING ADDRESS: _____ CITY: _____
(Number and Street)STATE: _____ ZIP CODE: **ASSOCIATED - PARCEL SECTION****NOTE:** For multi-parcel properties, file **one** application for **each** parcel that you want considered for abatement. File all applications together with **one** Information Requisition covering **all** parcels, noting **MAIN** parcel #.1) Does this property consist of more than one parcel? Yes ☐ No ☐ 2) If yes, please list all additional WARD and PARCEL #s
Ward Parcel No. - - - - - - - - 3) Please list **MAIN** WARD & PARCEL # for completed Information Requisition.Ward Parcel - **APPLICANT'S STANDING SECTION**

If applicant is not assessed owner, what is the basis of applicant's standing?

____ Subsequent owner ____ Mortgagee in possession

____ Tenant with obligation to pay more than 50% of tax. ____ Other : _____

AUTHORIZATION SECTION (Complete and sign below)Social Security #: - - Federal ID #:

(REQUIRED FOR REFUND: Write in one of the numbers above)

OWNER'S/APPLICANT'S STATEMENT

I certify under pains and penalties of perjury that the information supplied in this requisition is true and correct. (If applicable) I hereby authorize the representative whose signature appears on my application for abatement under the Authorization Section to act on my behalf relative to my FY 2003 abatement application(s).

X _____ Date: ____/____/____
(Signature of Owner or Applicant)

Print Name: _____

NOTE: All abatements are subject to jurisdictional requirements under G. L. Ch. 59, and final approval by the Board of Review and the Commissioner of Assessing.**REQUIRED SCHEDULES****Note:** To complete the required schedules, consult the samples provided on the reverse side of these pages. Also complete schedules H and I, if applicable.**If Your Property is this Type:****RESIDENTIAL**Residential (1-3 Family)
Apartments (4 units or more)
Condominiums
Mixed Use (Res. & Com.)**COMMERCIAL**Office, Retail, Industrial, Condos
Hotel, Motel**Complete these schedules:**A, B (Part 1)
A, C, F, G
A, B, (Part 2)
A, C, D, F, GA, D, F, G, I
A, G, J** (Schedule J is available in Room 301, City Hall)

* Applicant means: Person other than assessed owner such as executor, or trustee, or tenant paying more than 50% of taxes, or subsequent owner, or mortgagee in possession.

SCHEDULE **A**
General Information

SCA 2003_____

City of Boston Assessing Department
Information Requisition FY 2003

PLEASE COMPLETE BELOW:

Ward:
Parcel: -

NOTE: The numbers above should appear on each page of this form.

PART ONE: REASON FOR FILING

(Please check (X) appropriate reason as of **January 1, 2002**)

☐ **Not Reflective of Fair Market Value on 1/1/2002** (Provide three sales that occurred in last two years)

<u>Property Address</u>	<u>Sale Price</u>	<u>Date of Sale</u>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

☐ **Recent Sale of Property:** Date of Sale ____/____/____ Price \$ _____

Any relation to seller? ☐ Yes ☐ No

Any non-real estate items included in sales price? ☐ Yes ☐ No

Description of items: _____

Associated Cost: \$ _____

Mortgage Amount: \$ _____

Lender's Name: _____

Lender's Appraisal Value: \$ _____ (attach copy)

☐ **Property recently refinanced, appraisal value below assessed value (attach copy)**

Date of Refinancing ____/____/____ Amount Financed: \$ _____

Lender's Appraisal Value: \$ _____

☐ **Not in line with comparable assessments** (Provide value data for three similar properties)

<u>Property Address</u>	<u>Ward</u>	<u>Parcel No.</u>	<u>Value</u>
_____	<input type="text"/> <input type="text"/> -	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -	<input type="text"/> <input type="text"/> <input type="text"/> _____
_____	<input type="text"/> <input type="text"/> -	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -	<input type="text"/> <input type="text"/> <input type="text"/> _____
_____	<input type="text"/> <input type="text"/> -	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -	<input type="text"/> <input type="text"/> <input type="text"/> _____

☐ **Improper Classification - Land Use :** Please indicate correct Classification: _____

Please indicate correct Land Use: _____

☐ **Income generated by the property does not support Assessed Value**

☐ **Other** (Please use Part Two below for detailing information)

PART TWO: OPINION OF VALUE AND ADDITIONAL COMMENTS

1. Owner's opinion of value as of January 1, 2002? \$ _____

2. Additional Comments (use separate page, if necessary)

SCB

2003

SCHEDULE B

Residential Information

City of Boston Assessing Department
Information Requisition FY 2003

PLEASE COMPLETE BELOW:

Ward:

Parcel: -

NOTE: The numbers above should appear on each page of this form.

PART ONE: Single-family, two-family or three-family ONLY. Effective Reporting date is 1/1/02

1. Property Use: Indicate (X) primary use of the property.
One-Family Two-Family Three-Family

2. Property Description: Indicate the following:

- A. Year Built:
- B. Layout of Rooms: List for each floor level that applies:
(Do not include bathroom in total # of rooms)

Example:

Floor Level	Total # Rooms	# of Bedrooms	# of Bathrooms	# of 1/2 Baths	Kitchen? (Y or N)	Extra Plumbing
1	5	3	1	1	(Y)	0

Floor Level	Total # Rooms	# of Bedrooms	# of Bathrooms	# of 1/2 Baths	Kitchen? (Y or N)	Extra Plumbing
					()	
					()	
					()	
					()	
					()	

- C. Basement:
1. Is the basement finished space? Yes No
Is the basement heated? Yes No
2. Number of rooms?
3. What percentage of the basement is finished? %

- D. Attic:
1. Is the attic finished space? Yes No
2. What percentage of the attic is finished? %

- E. Heating: Check (X)
- Heat Fuel: Gas Oil Electric Other
- Heat Type: Forced Hot Air Radiators
Baseboard Radiant

- F. Age and Condition of Furnace:
- | | Year | Condition |
|------------------|------|-----------|
| 1st Unit furnace | | |
| 2nd Unit furnace | | |

- G. Number of Off-Street Parking Spaces:

3. Property Condition:

Condition & Age of Systems:	A. Condition	Age	Updates Required? (Y or N)
Heating			()
Electric			()
Plumbing			()

- B. Condition & Age of Structure:
- | | Condition | Age | Replacement/Repair Required? (Y or N) |
|------------|-----------|-----|---------------------------------------|
| Roof | | | () |
| Windows | | | () |
| Foundation | | | () |

- C. Rate Overall Property Condition:
- INTERIOR
- Excellent Good Average Fair Poor
(uninhabitable)
- EXTERIOR
- Excellent Good Average Fair Poor

4. Property Income: (two - three-family properties)

Unit #	Tenant	Rent (per month)
		\$
		\$
		\$

5. Property Improvements:

List any remodeling or updating completed within the last five years.
(Additional information can be attached)

Example:

Section	(Y or N)	Description	Year	Cost
Ext. Siding	(Y)	Replace with clapboard	1997	\$4,000

Section	Y or N	Description	Year	Cost
Ext. Siding	()			\$
Interior	()			\$
Additions	()			\$
Baths	()			\$
Plumbing	()			\$
Electrical	()			\$
Roof	()			\$
Windows	()			\$
Other	()			\$

PART TWO: Condominium/Cooperatives

- 1.) Complete the following:
Unfinished Area Finished Area Total Area
- 2.) Is there a separate **deeded** parking space associated with the unit?
Yes No
- 3.) Is there an **easement** parking space associated with the unit?
Yes No If yes, (Check (X) all that apply below)
Assigned Unassigned Indoor Outdoor
- 4.) Indicate overall **condition** of the unit.
(Good; Average; Fair; Poor)
- 5.) Floor unit located on: (Check (X) unit orientation):
Front Rear Middle Full floor Corner
- 6.) For each item listed below, indicate total number of rooms within the unit.
Living Room Dining Room Bedrooms Kitchen
Full Baths Half Baths
Other (describe)
- 7.) Unit **amenities**. Check (X) all that apply:
Fireplace Swimming pool Elevator Balcony
Air Conditioning Other

- 8.) Describe any **renovation(s)** performed within the last five years.
- | Description of Work | Year Completed | Cost |
|---------------------|----------------|------|
| | | \$ |
| | | \$ |
| | | \$ |

9.) Provide Rental Information

Unit #	Tenant	Rent (per month)
		\$
		\$
		\$

SCHEDULE C
Residential Occupancy
APARTMENT/LODGING USE

City of Boston Assessing Department
Information Requisition FY 2003

SCC 2003_____

PLEASE COMPLETE BELOW:

Ward:

Parcel: -

NOTE: The numbers above should appear on each page of this form.

1. RENTAL INFORMATION: Please provide the following rental information. Effective reporting date is 1/1/02.

Unit Type	Tenant	Rent Amt. (per month)	Furnished? (Y/N)	Heated? (Y/N)
Studio			()	()
			()	()
			()	()
One-Bedroom			()	()
			()	()
			()	()
			()	()
			()	()
			()	()
			()	()
Two-Bedroom			()	()
			()	()
			()	()
			()	()
			()	()
Three-Bedroom			()	()
			()	()
			()	()
			()	()
			()	()
Four-Bedroom			()	()
			()	()
			()	()
			()	()
			()	()
Weekly Rental			()	()
			()	()
			()	()

2.) PARKING

Tenant/Occupant	Rent	Indoor/Outdoor	Tandem (Y/N)	Valet (Y/N)
			()	()
			()	()
			()	()
			()	()

3.) ADDITIONAL SOURCES OF INCOME: Effective date for reporting is 12/31/01

1.) Laundry Income _____

2.) Miscellaneous (including but not limited to antennas, billboards) _____

Explain: _____

City of Boston Assessing Department
Information Requisition FY 2003

PLEASE COMPLETE BELOW:

Parcel:						-			
---------	--	--	--	--	--	---	--	--	--

NOTE: The numbers above should appear on each page of this form.

Please provide the following information for all spaces in the property. The effective reporting date is **JANUARY 1, 2002**

[illegible]

ADDITIONAL SOURCES OF INCOME: Please provide the following information for all spaces in the property. The effective date for reporting is **DECEMBER 31, 2001**.

Percentage Rent _____	Tax Clause Income _____
Electric Reimbursement Income _____	Operating Expense Clause Income _____
Water Condensor Income _____	
Construction Management Fees _____	
Antenna Income _____	# of Antenna _____
Billboard Income _____	# of Boards _____ Board Size (Small/Medium/Large) _____
Parking Income _____	# Spaces _____ Rate per Space (MO) _____ Facility Leased? (Y/N) _____
Other Income _____	Lease Execution Date ____/____/____ Gross (or) Net Lease? _____
	Lease Start Date ____/____/____ Lease Term (years) _____
	Explain: _____

SCHEDULE E
Parking Facility

City of Boston Assessing Department
Information Requisition FY 2003

SEF 2003_____

PLEASE COMPLETE BELOW:

Ward:

Parcel: -

NOTE: The numbers above should appear on each page of this form.

The effective reporting date is JANUARY 1, 2002

Indicate License # _____ # Parking Spaces _____

PART ONE: Rate Information.(Indicate the number of spaces and rates per space by type)

Daily

Type of Parking	Number of Spaces	Parking Rate
Transient	_____	_____
Early Bird Special	_____	_____
Other:_____	_____	_____

Monthly

Type of Parking	Number of Spaces	Parking Rate
Regular	_____	_____
Discount	_____	_____
Other:_____	_____	_____

Other

Type of Parking	Number of Spaces	Parking Rate
_____	_____	_____
_____	_____	_____

PART TWO: Lease Information.

(Complete this section if facility is also under a lease. Refer to **Schedule G** for Expenses)

☐ GROSS LEASE ☐ NET LEASE

Rentable Area	Base Rent	Lease Executed	Lease Start Date	Lease Term
_____	_____	____/____/____	____/____/____	_____
_____	_____	____/____/____	____/____/____	_____
_____	_____	____/____/____	____/____/____	_____
_____	_____	____/____/____	____/____/____	_____
Additional Income:	Operating Clause	_____		
	Tax Clause	_____		
	Other (describe)	_____		

SCHEDULE F Building Summary

Occupancy	Total Rentable Area 1/1/2002	Total Vacant Area 1/1/2002	Total Potential Rent 1/1/2002	Total Rent Collected (1/1/2001-12/31/2001)
Office	_____	_____	_____	_____
Retail	_____	_____	_____	_____
Warehouse	_____	_____	_____	_____
Manufacture	_____	_____	_____	_____
Parking	_____	_____	_____	_____
Studio	_____	_____	_____	_____
# of 1-BR	_____	_____	_____	_____
# of 2-BR	_____	_____	_____	_____
# of 3-BR	_____	_____	_____	_____
# of 4-BR	_____	_____	_____	_____
Weekly Rental	_____	_____	_____	_____
Other	_____	_____	_____	_____

SCHEDULE G
Expenses

City of Boston Assessing Department
Information Requisition FY 2003

SCG 2003_____

PLEASE COMPLETE BELOW:

Ward:

Parcel: -

NOTE: The numbers above should appear on each page of this form.

Please provide the property expense information for the period **1/1/2001 - 12/31/2001**. Columns denote party responsible for payment.

EXPENSES	BUILDING		PARKING	
Administrative	Owner	Tenant	Owner	Tenant
Payroll	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
General Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Security	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cleaning	Owner	Tenant	Owner	Tenant
Payroll	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contracts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heat/Cool (HVAC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Miscellaneous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repairs & Maintenance	Owner	Tenant	Owner	Tenant
Payroll	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Elevators	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heat/Cool (HVAC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electrical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plumbing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Miscellaneous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Utilities	<input type="checkbox"/> (Check here if property is separately metered)			
	Owner	Tenant	Owner	Tenant
Electric	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tenant Electric	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gas	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Steam	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leasing Expenses	Owner	Tenant	Owner	Tenant
Advertising	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commissions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Free Rent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tenant FitOut	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lease Buyouts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fixed Expenses				
Building Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Replacement Reserves	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extraordinary Expenditures	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gov't Mandated Improvements	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Combined Owner & Tenant Total <input type="text"/>				

2003_____

SCHEDULE |

Leasing Costs and Concessions

Information Requisition FY 2003

NOTE: The numbers above should appear on each page of this form.

SCHEDULE H: Please describe all Capital improvements made during the last year. (Effective reporting dates are 1/1/2001 - 12/31/2001)

[illegible]

SCHEDULE 1: Please provide the following information concerning all leasing activity in the building during the last year. **(Effective reporting dates are 1/1/2001 - 12/31/2001)**

	Tenant 1	Tenant 2	Tenant 3	Tenant 4	Tenant 5	Tenant 6
Tenant Name						
New Tenant (or) Renewal?						
Tenant Floor(s) (covered in lease)						
Tenant Rentable Area (covered in lease)						
Lease Execution Date						
Lease Start Date						
Rent Start Date						
Lease Term (years)						
Tenant Fitout Allowance						
Owner Financing Provided (Y/N)	()	()	()	()	()	()
Term & Rate of Owner Financing						
Is TI loan Repayable as Additional Rent? (Y/N)	()	()	()	()	()	()
Floor Level to be Fitout						
Rentable Area to be Fitout						
# Free Rent Months						
Free Rent Term Rental Rate						
Commission Cost Per SF						
Inside Broker (or) Outside Broker?						

SCHEDULE J
Hotel/Motel Income/Expense Requisition

City of Boston Assessing Department
Information Requisition FY 2003

PLEASE COMPLETE BELOW:

Ward:

Parcel: -

NOTE: The numbers above should appear on each page of this form.

GENERAL INFORMATION:

NO. OF ROOMS _____
% OCCUPANCY _____
AVG. DAILY RATE _____

REVENUE:

ROOM _____
FOOD _____
BEVERAGE _____
TELEPHONE _____

Other Departments:

PARKING _____
MEETING ROOMS _____
RETAIL SHOP(S) _____
OTHER INCOME _____

TOTAL REVENUE: _____

DEPARTMENTAL EXPENSES:

ROOM _____
COST OF FOOD _____
COST OF BEVERAGE _____
TELEPHONE _____
DEPARTMENT EXPENSE _____
MISCELLANEOUS EXPENSES _____

TOTAL DEPARTMENTAL EXPENSES: _____

UNALLOCATED EXPENSES:

ADMIN/GENERAL _____
MANAGEMENT CHARGES _____
MARKETING _____
REPAIRS/MAINTENANCE _____
ENERGY _____

TOTAL UNALLOCATED EXPENSES: _____

FIXED EXPENSES:

INSURANCE _____
MUNICIPAL CHARGES _____
RETURN ON PERSONAL PROPERTY _____

TOTAL FIXED EXPENSES: _____

OTHER EXPENSES:

FRANCHISE FEE _____
INCENTIVE MANAGEMENT _____
GROUND RENT _____

TOTAL OTHER: _____